

CHAPTER 7-000 QUALIFIED MEDICARE BENEFICIARIES (QMB's): Current Medicare beneficiaries who meet the required income guidelines and all other eligibility requirements of the AABD program are eligible for payment of their Part B Medicare premiums. These individuals are eligible only for payment of the Medicare premium; they are not eligible for any additional medical services or public assistance. QMBs are determined by income guidelines based on the Federal Poverty Limits. Qualified Individuals (QI-1) are eligible for full payment of their Medicare premium. The Omnibus Budget Reconciliation Act of 1990 required states to pay the Part B Medicare premiums for QI-1s.

{Effective 1/19/08}

7-001 Eligibility Requirements: In order to receive payment of the Medicare premium, the individual must meet the following eligibility requirements:

1. Face-to-face interview (see 469 NAC 2-001);
2. U.S. citizenship or alien status (see 469 NAC 2-002 ff.);
3. Nebraska residence (see 469 NAC 2-003 ff.);
4. Social Security number (see 469 NAC 2-004 ff.);
5. Age (see 469 NAC 2-005 ff.);
6. Relative responsibility (see 469 NAC 2-006);
7. Blindness or disability (see 469 NAC 2-007 ff.);
8. Resources (for treatment of resources, see 469 NAC 2-009 ff.; for resource limits, see 469 NAC 4-005.01);
9. Income (see 469 NAC 7-001.01);
10. Cooperation in obtaining third party medical payments (see 469 NAC 2-011); and
11. Receipt of other assistance (see 469 NAC 2-013).

7-001.01 Income: Income is treated according to regulations in 469 NAC 2-010.01 through 2-010.01H. The income limits are based on the Federal Poverty Level.

The worker budgets the client on Form DA-3M. If total net earned and unearned income is equal to or less than the required income limit, the client is eligible for payment of the Medicare premium. If the income is more than the income limit, the client is ineligible for payment of the Medicare premium.

{Effective 1/19/08}

7-001.01A AABD with Excess Income: The client may choose to pay the Medicare premium and receive AABD/MA with excess income and attempt to spenddown if there is a medical need.

If a client who is on AABD/MA with excess and is paying his/her own Part B Medicare premium fails to meet his/her excess obligation, the Department retroactively pays the Medicare Part B premium for the excess cycle. At the end of this excess cycle, the client must decide whether to continue with the state paying the Part B premium or to begin a new excess cycle and assume payment of the Part B premium him/herself.

If a client for whom the Department paid the Medicare Part B premium later wants Medicaid excess income for the same month(s), the Medicare Part B premium must not be allowed as a deduction in the calculation of the excess income for the month(s).